



SUPERIORUSA

Processing Center

310 East Superior Street, Ste. 225
Duluth, MN 55802
(218) 529-2477
Toll Free: 877-529-2477
Fax: (218) 725-9161

Corporate Headquarters

17800 Excelsior Blvd.
Minnetonka, MN 55345

AUTHORIZATION FOR DIRECT DEPOSIT

I authorize SuperiorUSA and the bank named below to initiate Cafeteria Plan reimbursements to my checking/savings account. This authority will remain in effect until I notify you or the bank in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying you or my bank 3 days before my account is credited.

Name of employer: _____

(Employee Name – please print)

(Address – please print)

(Employee Signature)

(Name of Financial Institution)

(Financial Institution Address)

Checking Account No. _____ Or Savings Account No. _____

Bank Routing Number: _____
(Between these symbols : : on bottom left of your **Check**)

*******NOTE*******

Your first reimbursement will be a standard check (pre-note). This is to allow your banking institution the time required to verify account information.

PLEASE ATTACH A VOIDED CHECK